

SEP 06 2006

PTO/SEP/97 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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USPTO Fax No.: (571) 273-8300

on September 6, 2006
Date

Judith L. Mayelluzzer
Signature

Judith L. Mongelluzzo

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302-992-5835

Registration Number, if applicable

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10/820925
AD6873USCIP

AMENDMENT AND RESPONSE UNDER 37 C.F.R. § 1.111
Terminal Disclaimer
Fee Transmittal Sheet for Terminal Disclaimer

Page 1 of 8

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (01-06)

Approved for use through 07/31/2008. OMB 0651-0032
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 130.00

Complete if Known

| | |
|----------------------|--------------------------|
| Application Number | 10/820925 |
| Filing Date | April 09, 2004 |
| First Named Inventor | Yves M. Troulhet Et. Al. |
| Examiner Name | Nathan M. Nutter |
| Art Unit | 1711 |
| Attorney Docket No. | AD6873USCIP |

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SEP 06 2006**METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 04-1928 Deposit Account Name: E. I. du Pont de Nemours and Company
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|------------------------------|-----------------------|------------------------------|-----------------------|------------------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | <input type="checkbox"/> 300 | 150 | <input type="checkbox"/> 500 | 250 | <input type="checkbox"/> 200 | 100 | 0.00 |
| Design | <input type="checkbox"/> 200 | 100 | <input type="checkbox"/> 100 | 50 | <input type="checkbox"/> 130 | 65 | 0.00 |
| Plant | <input type="checkbox"/> 200 | 100 | <input type="checkbox"/> 300 | 150 | <input type="checkbox"/> 160 | 80 | 0.00 |
| Reissue | <input type="checkbox"/> 300 | 150 | <input type="checkbox"/> 500 | 250 | <input type="checkbox"/> 600 | 300 | 0.00 |
| Provisional | <input type="checkbox"/> 200 | 100 | <input type="checkbox"/> 0 | 0 | <input type="checkbox"/> 0 | 0 | 0.00 |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues) _____

Each independent claim over 3 (including Reissues) _____

Multiple dependent claims _____

| Fee (\$) | Small Entity Fee (\$) |
|----------|-----------------------|
| 50 | 25 |
| 200 | 100 |
| 360 | 180 |

Total Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

- 20 or HP = _____ x 50.00 = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

- 3 or HP = _____ x 200.00 = _____

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$) _____ **Fee Paid (\$)** _____

YES ☐ 360.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ **Extra Sheets** _____ **Number of each additional 50 or fraction thereof** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

- 100 = _____ / 50 = _____ (round up to a whole number) x 250.00 = _____

4. OTHER FEES(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal Disclaimer Fee

Fees Paid (\$)

130.00

SUBMITTED BY

| | | | |
|-------------------|---------------------------|---|--------------------------|
| Signature | <i>Marilyn H. Bromels</i> | Registration No. 35,080 (Attorney/Agent) | Telephone (302) 692-4267 |
| Name (Print/Type) | Marilyn H. Bromels | | Date 9-6-06 |

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